

# CLAIMS ONLY

Application Number

09/404,903

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1		1	
2						1
3						1
4						1
5						1
6						1
7						1
8						1
9						1
10						1
11	1		1			
12						
13						
14						
15						
16	1		1			
17						
18						
19						
20						
21	1		1			
22						
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24	1		1			
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27	1		1			
28						
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30	1		1			
31						
32						
33	1		1			
34	1		1			
35						
36						
37	1		1			
38						
39						
40	1		1			
41						
42						
43	1		1			
44						
45						
46						
47						
48						
49						
50						
Total indep	12		12		3	
Total depend	31		31		10	
Total claims	43		43		13	

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	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total indep						
Total Depend						
Total Claims						